MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4							54						
5							55						
6							56						
7							57			1			
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65			1			
16							66						
17	1						67						
18							68						
19							69						
20							70						
21							71						
22	1						72						
23							73			1			
24							74						
25							75						
26	1						76						
27							77						
28							78			1			
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85			1			
36							86						
37							87						
38	1						88						
39							89						
40							90						
41							91						
42	1						92						
43							93						
44							94			1			
45							95						
46							96						
47							97						
48							98						
49							99						
50	1						100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	46						TOTAL DEP.						
TOTAL CLAIMS	56						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			11					TOTAL IND.						
TOTAL DEP.			88					TOTAL DEP.						
TOTAL CLAIMS			99					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS